

OREGON MANOR LTD

354 NORTH MAIN STREET

OREGON 53575

Phone: (608) 835-3535

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 45

Total Licensed Bed Capacity (12/31/03): 45

Number of Residents on 12/31/03: 44

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 43

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.5
Supp. Home Care-Personal Care	No					1 - 4 Years		47.7
Supp. Home Care-Household Services	No	Developmental Disabilities	2.3	Under 65	0.0	More Than 4 Years		15.9
Day Services	No	Mental Illness (Org./Psy)	47.7	65 - 74	9.1			----
Respite Care	No	Mental Illness (Other)	4.5	75 - 84	27.3			84.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.3	95 & Over	9.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	4.5		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	9.1	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	11.4	-----		RNs		11.8
Referral Service	No	Diabetes	2.3	Gender	%	LPNs		10.7
Other Services	Yes	Respiratory	4.5	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	11.4	Male	25.0	Aides, & Orderlies		
Mentally Ill	No		----	Female	75.0			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	3	100.0	335	25	100.0	127	0	0.0	0	16	100.0	156	0	0.0	0	0	0.0	44	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	3	100.0		25	100.0		0	0.0		16	100.0		0	0.0		0	0.0	44	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	12.2	Bathing	0.0	63.6	36.4	44
Other Nursing Homes	4.9	Dressing	20.5	50.0	29.5	44
Acute Care Hospitals	75.6	Transferring	34.1	40.9	25.0	44
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	22.7	45.5	31.8	44
Rehabilitation Hospitals	0.0	Eating	59.1	18.2	22.7	44
Other Locations	7.3	*****				
Total Number of Admissions	41	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.5	Receiving Respiratory Care		6.8
Private Home/No Home Health	2.6	Occ/Freq. Incontinent of Bladder	50.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	38.5	Occ/Freq. Incontinent of Bowel	34.1	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		2.3
Acute Care Hospitals	7.7	Mobility		Receiving Tube Feeding		6.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		31.8
Rehabilitation Hospitals	0.0					
Other Locations	15.4	Skin Care		Other Resident Characteristics		
Deaths	35.9	With Pressure Sores	4.5	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	2.3	Medications		
(Including Deaths)	39			Receiving Psychoactive Drugs		79.5

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.6	86.2	1.11	84.7	1.13	88.1	1.08	87.4	1.09
Current Residents from In-County	86.4	78.5	1.10	77.5	1.11	82.1	1.05	76.7	1.13
Admissions from In-County, Still Residing	26.8	17.5	1.53	25.1	1.07	20.1	1.33	19.6	1.37
Admissions/Average Daily Census	95.3	195.4	0.49	104.2	0.91	155.7	0.61	141.3	0.67
Discharges/Average Daily Census	90.7	193.0	0.47	107.9	0.84	155.1	0.58	142.5	0.64
Discharges To Private Residence/Average Daily Census	37.2	87.0	0.43	28.9	1.29	68.7	0.54	61.6	0.60
Residents Receiving Skilled Care	100	94.4	1.06	93.8	1.07	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	100	92.3	1.08	95.8	1.04	92.0	1.09	87.8	1.14
Title 19 (Medicaid) Funded Residents	56.8	60.6	0.94	56.9	1.00	61.7	0.92	65.9	0.86
Private Pay Funded Residents	36.4	20.9	1.74	33.8	1.08	23.7	1.54	21.0	1.74
Developmentally Disabled Residents	2.3	0.8	2.83	1.4	1.61	1.1	2.05	6.5	0.35
Mentally Ill Residents	52.3	28.7	1.82	38.3	1.36	35.8	1.46	33.6	1.56
General Medical Service Residents	11.4	24.5	0.46	16.9	0.67	23.1	0.49	20.6	0.55
Impaired ADL (Mean)	50.9	49.1	1.04	50.8	1.00	49.5	1.03	49.4	1.03
Psychological Problems	79.5	54.2	1.47	56.3	1.41	58.2	1.37	57.4	1.39
Nursing Care Required (Mean)	6.8	6.8	1.00	6.9	0.99	6.9	0.99	7.3	0.93